

in Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

*Wesley C. Berryman*

Town *Centreville* County *D. C.* MARYLAND

Died at *Centreville*

Date of death *1906 Sept. 2* Age *1* Years *7* Months *6* Days *7*

Sex *Female* Color or Race *Black* Birthplace *Centreville*

Occupation  Where Residing if not at place of death *Centreville*

☒ Married, Single ☒ or Widowed Name of Wife or Husband

Father's Name *Chas. Berryman* Father's Birthplace *Centreville*

Mother's Maiden Name *Sadie Wells* Mother's Birthplace *Churchill*

Name of person giving information *Chas. Berryman* How related to deceased *Father*

CAUSES OF DEATH

PHYSICIAN  
OR CORONER

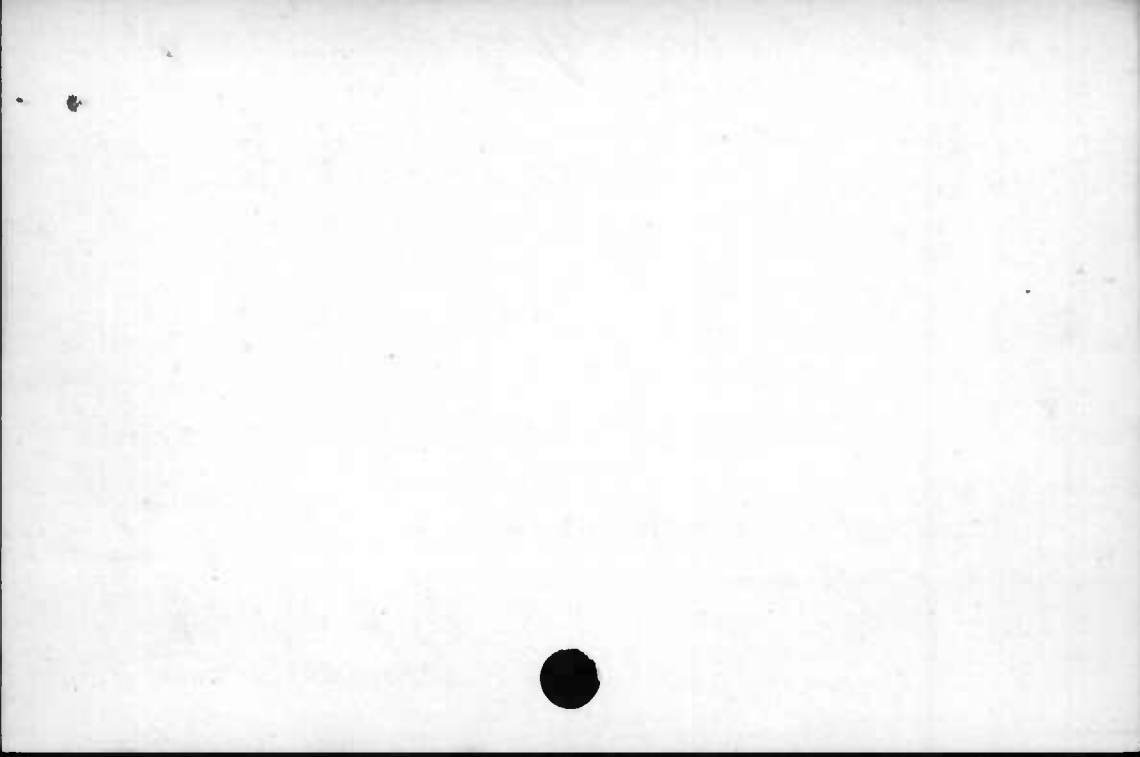
Primary *Congenital weakness* How long *Since birth*

Immediate *Summer Diarrhoea* How long *One month*

Are the name, age, sex, color, date and place correctly given above? *yes* Signature of Physician *E. F. Smith M.D.*

Address *Centreville Md.*

Accident or Suicide?



Name  
in  
Full

David Norman Chance

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at New Church Hill

Town

Queen Anne's

County

MARYLAND

Date of death 1906, Sept.

Month

Day 24

Age 4

Years

Months 4

Days 7

Sex Male

Color or  
Race

White

Birth-  
place

Maryland

Occupation

Infant

Where Residing if not  
at place of death

at place of death

Married, Single  
or Widowed

Single

Name of Wife or  
Husband

-

Father's  
Name

David M. Chance

Father's  
Birthplace

Fulton Co. Md

Mother's  
Maiden Name

Martha Rice

Mother's  
Birthplace

Fulton Co. Md

Name of person giving  
In formation

David M. Chance

How related  
to deceased

Father

## CAUSES OF DEATH

Primary

Cholera Infantum

How long

6 months

Immediate

Prostration

How long

a few hours

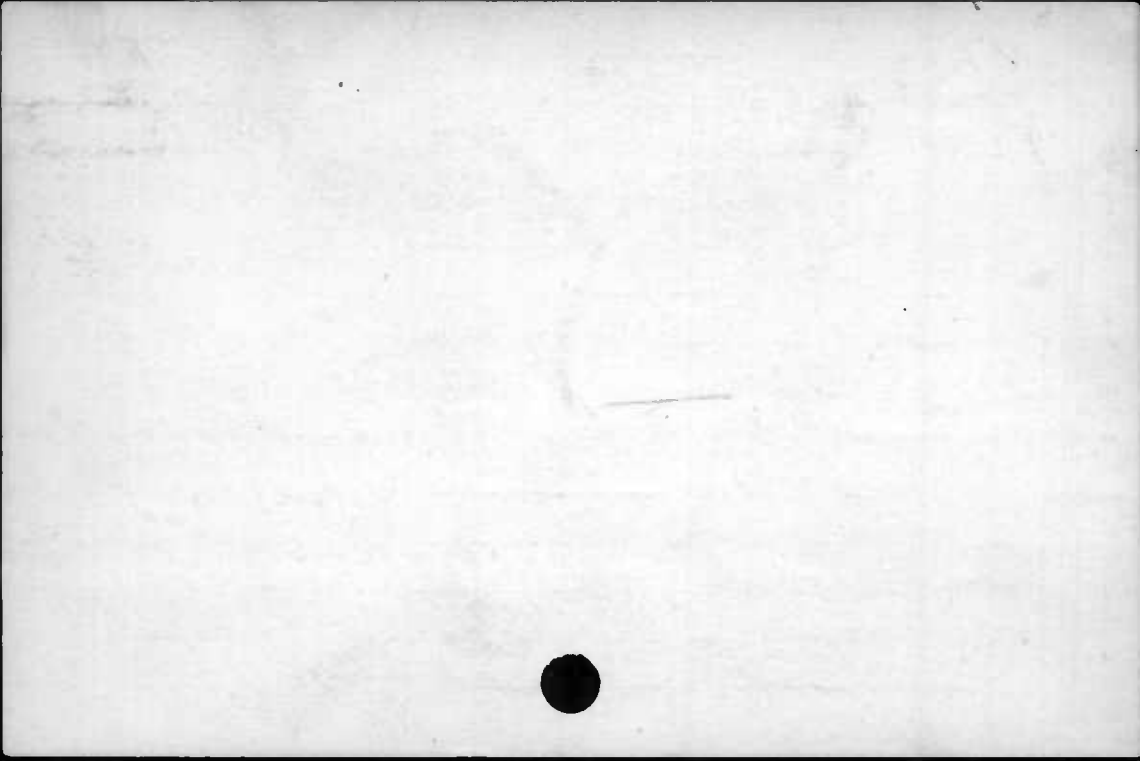
Are the name, age, sex, color, date  
and place correctly given above?Signature of  
Physician

Address

S. B. Dudley  
Church Hill Md

Accident or Suicide?

PHYSICIAN  
OR CORONER



Name  
in  
Full

Henry Conyer

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at		Salem		Town		Queen Anne's		County		MARYLAND	
Date of death		1906	9	20	Age	80	Months		Days		
Sex		male		Color or Race		negro		Birth-place		Queen Anne's	
Occupation		Laborer		Where Residing if not at place of death		—					
Married, Single or Widowed		married		Name of Wife or Husband		Fannie Blake					
Father's Name		Chas Conyer		Father's Birthplace		md					
Mother's Maiden Name		Hester		Mother's Birthplace		md					
Name of person giving information		Rachel A. Conyer		How related to deceased		Sister in law					

## CAUSES OF DEATH

Primary

Paralysis General Debility  
Exhaustion

How long

How long

Immediate

Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

Robt. W. Edkins F.D.  
Centerville md.

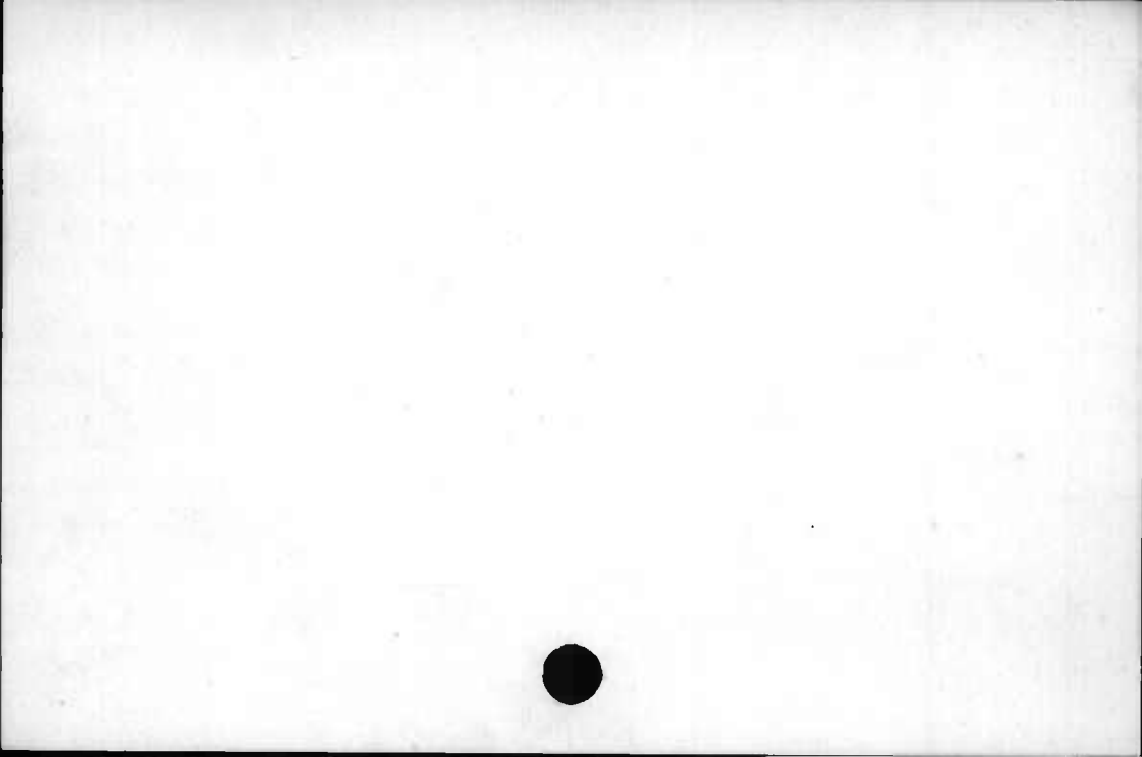
Accident or Suicide?

—

PHYSICIAN  
OR CORONER



Name in Full		Mr Name				County		Dorches		CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at		Centreville		Town,		Queen Anne		MARYLAND	
		Date of death		1906		Month		Sept		Day	
				25-		Age		Years		Months	
				2				Days		25-	
		Sex		Boy		Color or Race		Black		Birthplace	
Occupation		none		Where Residing if not at place of death						Centreville	
Married, Single or Widowed				Name of Wife or Husband							
Father's Name		Nelson Downes		Father's Birthplace						Dorches	
Mother's Maiden Name		Bessie Kilson		Mother's Birthplace						Dorches	
Name of person giving information		Aul Railey		How related to deceased						None	
<div style="text-align: center;">CAUSES OF DEATH</div> <div style="text-align: center;">(105)</div>											
PHYSICIAN OR CORONER		Primary		Summer Diarrhoea		How long		2 days			
		Immediate		"		How long		"			
		Are the name, age, sex, color, date and place correctly given above?		yes		Signature of Physician		E. F. Smith M.D.			
						Address		Centreville			
								Md.			
Accident or Suicide?											





Name in Full		Mary Josephine Green				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Brunnston</u> <small>Town</small>		<u>Green</u> <small>County</small>		MARYLAND	
		Date of death <u>1906</u> <small>Month</small> <u>Sept</u> <small>Day</small> <u>11</u> <small>Years</small> <u>54</u> <small>Months</small> <u>3</u> <small>Days</small> <u>10</u>		Age <u>54</u>			
		Sex <u>Female</u>		Color or Race <u>Black</u>		Birth-place <u>Kent Island Md.</u>	
		Occupation <u>House wife</u>		Where Residing if not at place of death <u>                    </u>			
		Married, Single or Widowed <u>Married</u>		Name of Wife or Husband <u>William James Green</u>			
		Father's Name <u>Basil Honey</u>		Father's Birthplace <u>Kent Island Md</u>			
		Mother's Maiden Name <u>Mary Luina</u>		Mother's Birthplace <u>Kent Island Md</u>			
Name of person giving information <u>Wm James Green</u>		How related to deceased <u>Husband</u>					
CAUSES OF DEATH							
PHYSICIAN OR CORONER		Primary <u>Walking Typhoid</u>		How long <u>8 weeks</u>			
		Immediate <u>Heart Prostration</u>		How long <u>9 hours</u>			
		Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Geo St. Betts, M.D.</u>			
				Address <u>Brunnston, Md</u>			
		Accident or Suicide? <u>7</u>					







Name in Full		Marry Hines				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND		Died at <u>Compton</u> Town		County <u>Queen Anne's</u>		MARYLAND	
		Date of death 190 <u>6</u> Month <u>Sept</u> Day <u>21</u>		Age <u>one</u> Years		Months <u>6</u> Days <u>-</u>	
		Sex <u>Female</u>		Color or Race <u>Colored</u>		Birth place <u>Compton, Md</u>	
		Occupation <u></u>		Where Residing if not at place of death <u></u>			
		Married, Single or Widowed <u>Single</u>		Name of Wife or Husband <u></u>			
PHYSICIAN OR CORONER		Father's Name <u><del>Charles Hines</del> Unknown</u>				Father's Birthplace <u>Queen Anne's</u>	
		Mother's Maiden Name <u>Bella Hines</u>				Mother's Birthplace <u>Queen Anne's</u>	
		Name of person giving information <u>Charles Hines</u>				How related to deceased <u>Uncle</u>	
		CAUSES OF DEATH					
Primary		<u>Epilepsy</u>		How long <u>2 Weeks</u>			
Immediate		<u>Convulsions</u>		How long <u></u>			
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>D. P. Youngman, M.D.</u>		Address <u>Wilmington, Md.</u>			
Accident or Suicide?		<u></u>					



Name  
in  
Full

## CERTIFICATE OF DEATH

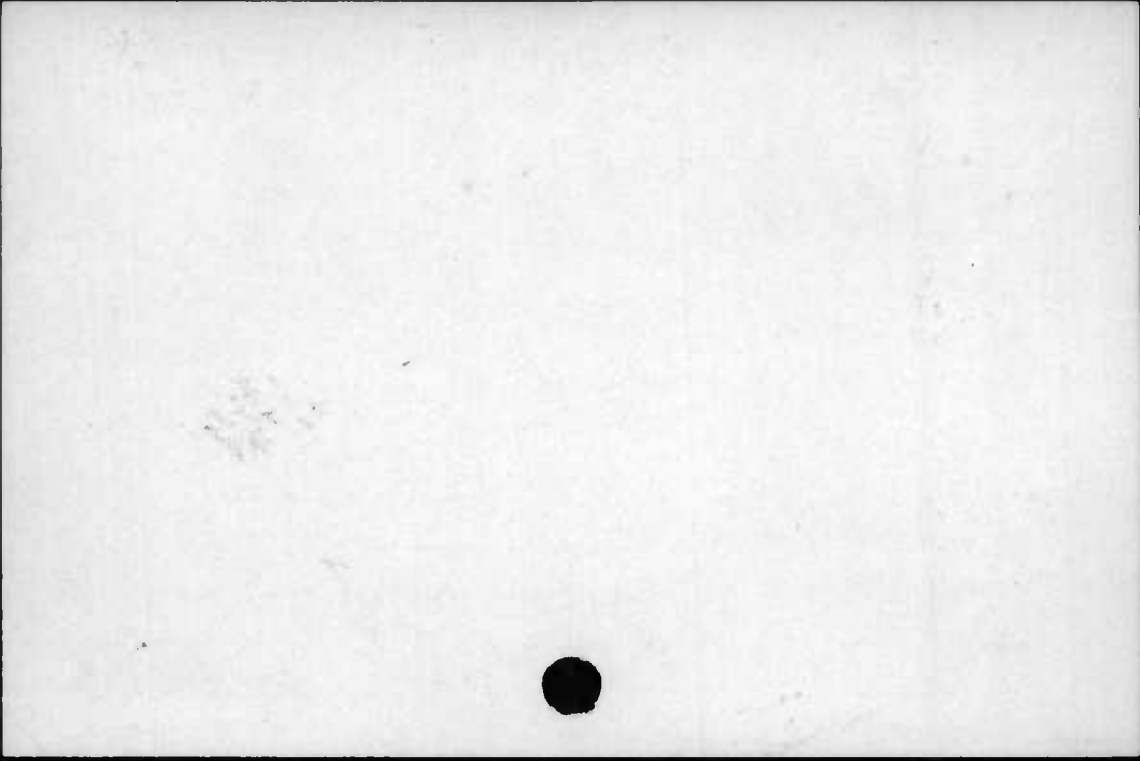
TO BE ANSWERED BY  
NEAREST FRIEND

Name <i>Nelson Kyler</i>		Town <i>near Church Hill</i>		County <i>Queen Anne</i>		MARYLAND	
Died <i>near Church Hill</i>		Date of death <i>1906</i>		Age <i>3</i>		Where Residing if not at place of death <i>at place of death</i>	
Sex <i>Male</i>		Color or Race <i>Black</i>		Birth- place <i>I.D.G. Ind</i>			
Occupation <i></i>		Where Residing if not at place of death <i>at place of death</i>					
Married, Single or Widowed <i>Single</i>		Name of Wife or Husband <i></i>		Father's Name <i>Chas. H. Kyler</i>		Father's Birthplace <i>Ind</i>	
Mother's Maiden Name <i>Sarah E. Bell</i>				Mother's Birthplace <i>Ind.</i>			
Name of person giving Information <i>Sarah E. Kyler</i>				How related to deceased <i>Mother</i>			

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Neo-Calitis</i>	How long <i>2 weeks</i>
Immediate <i>Exhaustion</i>	How long <i>3 days</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>H. G. Capps</i>
<i>I never saw this child but have been sending medicine.</i>	Address <i>Church Hill</i>
Accident or Suicide? <i>for a long time</i>	<i>Ind</i>





Name  
in  
Full

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <i>near Guys</i> <sup>Town</sup>		<i>2<sup>nd</sup></i> <sup>County</sup>		MARYLAND	
Date of death <i>1904</i>	<i>Sept</i> <sup>Month</sup>	<i>18</i> <sup>Day</sup>	Age <i>73</i> <sup>Years</sup>	Months	Days
Sex <i>Male</i>	Color or Race <i>White</i>		Birthplace <i>Caroline Co</i>		
Occupation <i>Retiree</i>	Where Residing if not at place of death <i>Near Guys</i>				
<del>Married</del> Single or Widowed	Name of Wife or Husband <i>deceased</i>				
Father's Name <i>Chas Lamm</i>	Father's Birthplace <i>Caroline Co</i>				
Mother's Maiden Name <i>Unknown</i>	Mother's Birthplace				
Name of person giving information <i>James E Lamm</i>	How related to deceased <i>Son</i>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

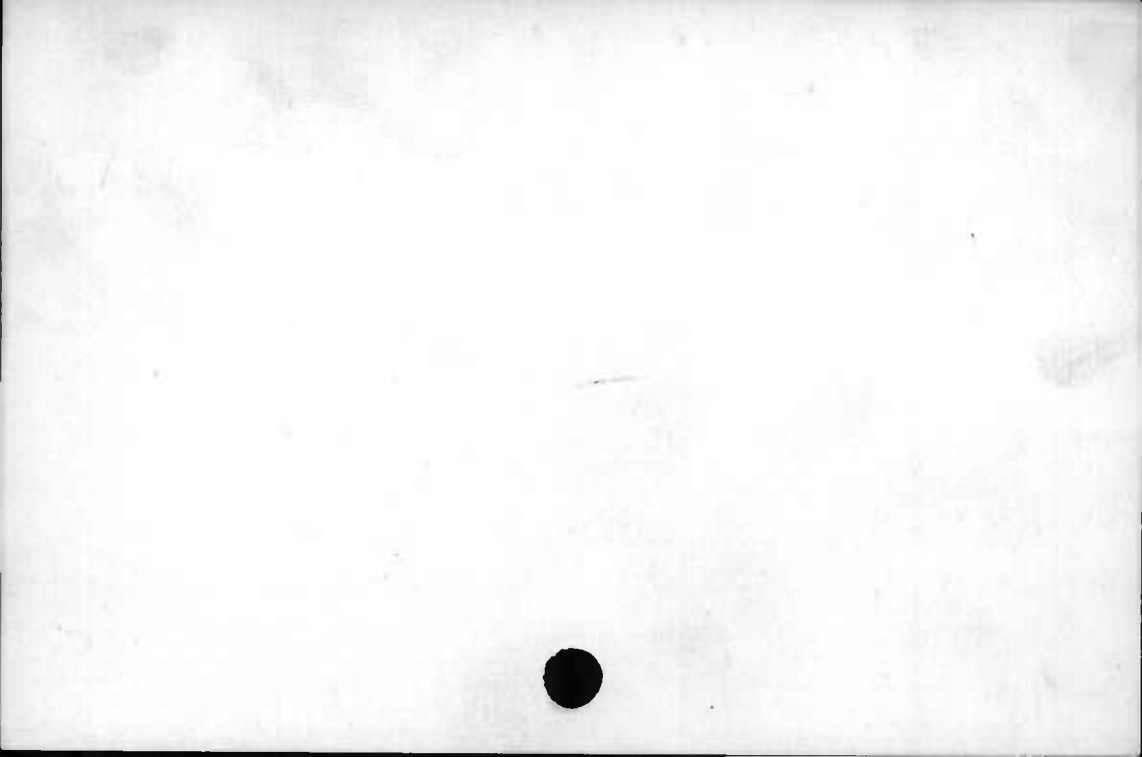
Primary <i>Paralysis</i>	How long <i>Several years</i>
Immediate <i>coma</i>	How long <i>Several days</i>
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <i>Howard R. Hopkins</i>
	Address <i>Lincolnton, Md.</i>
Accident or Suicide?	



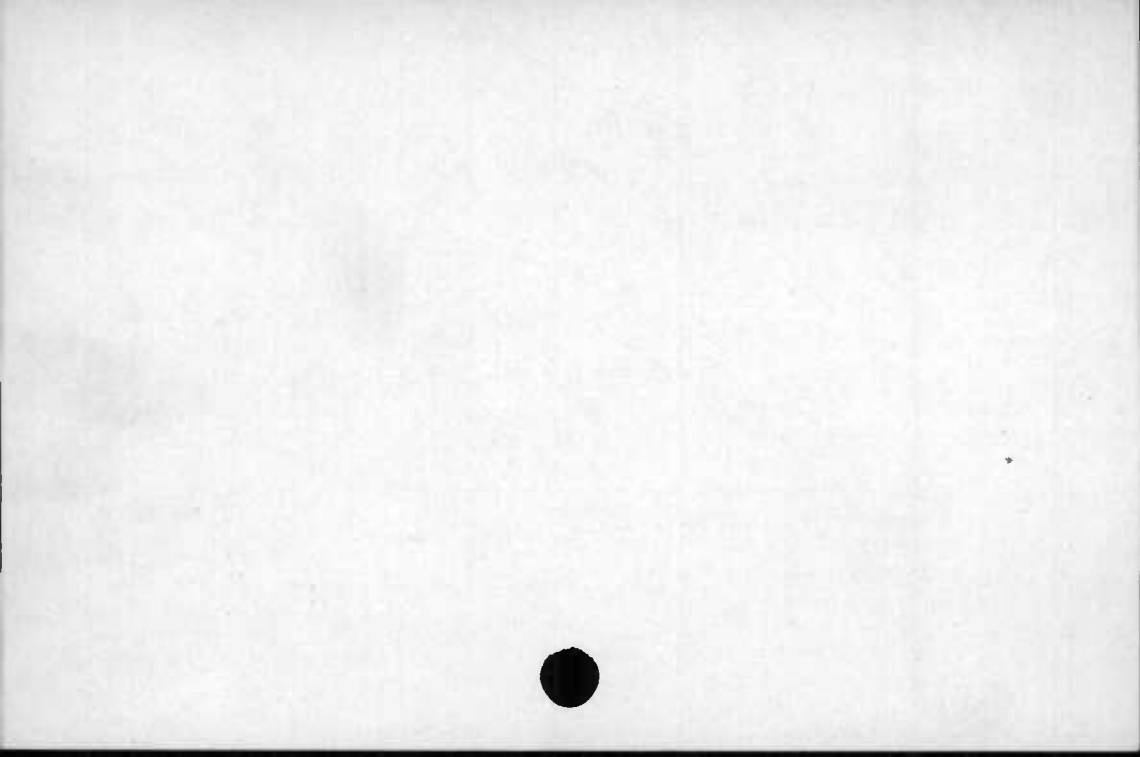
Name In Full		No Name Lane				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at <sup>Town</sup> Trent Island <sup>County</sup> Queen Anne					MARYLAND	
	Date of death 1906		Month Sept.	Day 17	Age	Years X	Months X
							Days 2
	Sex Male	Color or Race White		Birth-place Trent Island			
	Occupation		Where Residing if not at place of death " "				
	Married, Single or Widowed		Name of Wife or Husband				
FATHER'S NAME	Chas. Lane					Father's Birthplace Caroline Co.	
	Mother's Maiden Name Zenia Bridges					Mother's Birthplace Queen Anne Co.	
	Name of person giving information Chas. Lane					How related to deceased Father	
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary Do not know					How long Died Suddenly,	
	Immediate Do not know					How long	
	Are the name, age, sex, color, date and place correctly given above? Yes					Signature of Physician Jno. R. Benton	
						Address Stevensville	
Accident or Suicide?							



Name In Full <b>Laura Marshall</b>		CERTIFICATE OF DEATH				
TO BE ANSWERED BY NEAREST FRIEND	Died at <b>Chesler</b> <small>Town</small>		<b>La.</b> <small>County</small>		<b>MARYLAND</b>	
	Date of death <b>1906</b> <small>Month</small>	<b>9</b> <small>Day</small>	<b>3</b> <small>Years</small>	<b>14</b> <small>Months</small>	<b>—</b> <small>Days</small>	
	Sex <b>Female</b>	Color or Race <b>White</b>	Birth-place <b>Talbot Co. Md</b>			
	Occupation <b>None</b>	Where Residing if not at place of death <b>—</b>				
	Married, Single or Widowed <b>Single</b>	Name of Wife or Husband <b>—</b>				
	Father's Name <b>Frank Marshall</b>	Father's Birthplace <b>Talbot Co. Md</b>				
	Mother's Maiden Name <b>Laura V Hancock</b>	Mother's Birthplace <b>La. Co. Md</b>				
Name of person giving information <b>Walter Roe</b>		How related to deceased <b>uncle</b>				
CAUSES OF DEATH						
PHYSICIAN OR CORONER	Primary <b>Rheumatism, Chronic Valvular Disease</b>		How long <b>— 19 months</b>			
	Immediate <b>Eccentric hypertrophy of the heart.</b>		How long <b>2 months</b>			
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <b>Dr. Chas. E. Smythe</b>			
	Address <b>Stevensville Md.</b>		Accident or Suicide? <b>—</b>			



Name in Full		CERTIFICATE OF DEATH			
TO BE ANSWERED BY NEAREST FRIEND	Died at <u>Essex</u> Town		<u>2nd</u> County		MARYLAND
	Date of death <u>1906</u>	Month <u>Sept</u>	Day <u>18</u>	Age <u>3</u> Years	Months <u>    </u> Days <u>    </u>
	Sex <u>Female</u>	Color or Race <u>White</u>		Birth-place <u>2nd</u>	
	Occupation <u>    </u>		Where Residing if not at place of death <u>Essex</u>		
	Married, Single or Widowed <u>Single</u>	Name of Wife or Husband <u>    </u>			
	Father's Name <u>John Radcliff</u>	Father's Birthplace <u>Laurel</u>			
	Mother's Maiden Name <u>Many Renshaw</u>	Mother's Birthplace <u>2nd</u>			
	Name of person giving information <u>Foster</u>		How related to deceased <u>    </u>		
CAUSES OF DEATH					
PHYSICIAN OR CORONER	Primary <u>Tonsillitis</u>		How long <u>Five days</u>		
	Immediate <u>Suffocation</u>		How long <u>not known</u>		
	Are the name, age, sex, color, date and place correctly given above?		Signature of Physician <u>Rowland W. Ford</u>		
	<u>Yes</u>		Address <u>Queenstown, Md.</u>		
Accident or Suicide?					





Name  
in  
Full

## CERTIFICATE OF DEATH

MARYLAND

Died at *Cuthwells* <sup>Town</sup> *2, a.* <sup>County</sup>Date of death 190 *6* Month *9* Day *29* Age Years Months *9* Days *1*Sex *Female* Color or Race *Black* Birth-place *Cuthwells*Occupation  *nursing* Where Residing if not at place of death *Place of death*Married, Single or Widowed *Single* Name of Wife or Husband *—*Father's Name *Mr Henry Secore* Father's Birthplace *2, a. Co*Mother's Maiden Name *Frances K. Sampson* Mother's Birthplace *2, a. Co*Name of person giving information *Mr Henry Secore* How related to deceased *Sister*

## CAUSES OF DEATH

Primary *Cutaneous eczema* *105* How long *3 weeks*Immediate *Exhaustion* How long *1 day*Are the name, age, sex, color, date and place correctly given above? *yes*

Signature of Physician

Address

Accident or Suicide? *no*TO BE ANSWERED BY  
NEAREST FRIENDPHYSICIAN  
OR CORONER



TO BE ANSWERED BY  
NEAREST FRIEND

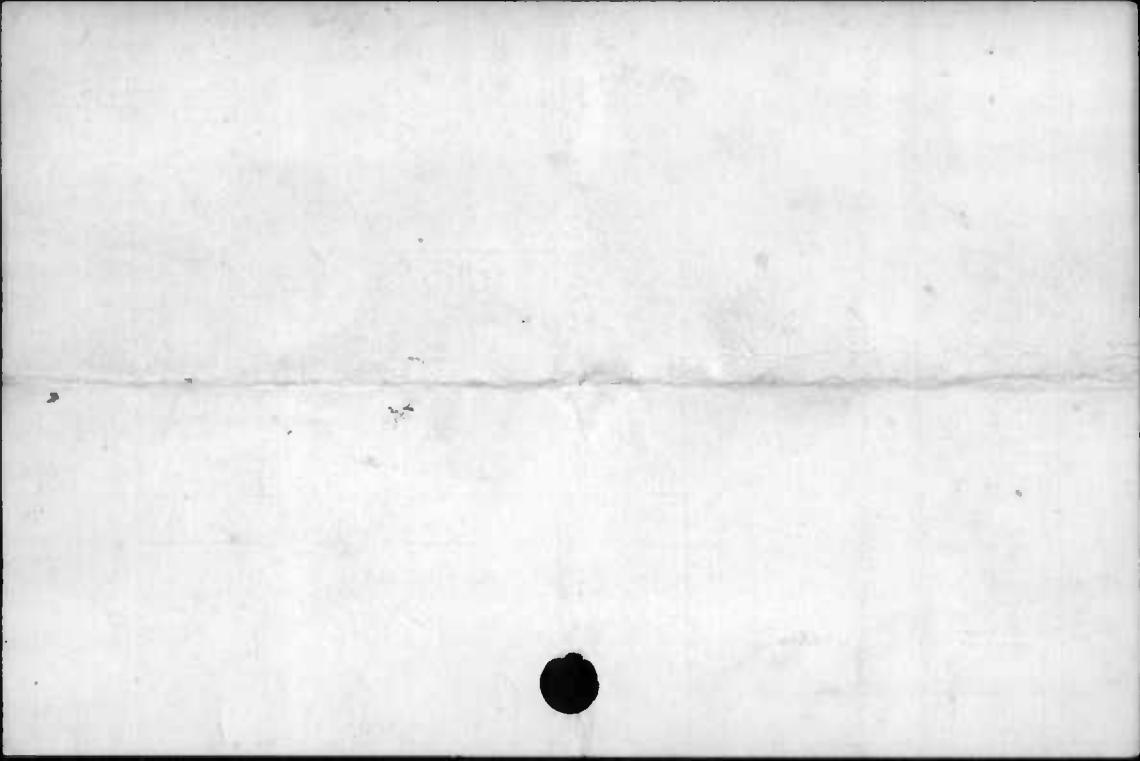
Name in Full <b>Jonathan A. Shahan</b>		Town <b>near Templeville</b>		County <b>Anne Arundel</b>		STATE <b>MARYLAND</b>	
Died at		Date of death		Age		Days	
1906		September 17		59		27	
Sex <b>Male</b>		Color or Race <b>White</b>		Birth-place <b>Md.</b>			
Occupation <b>Laborer</b>		Where Residing if not at place of death <b>-</b>					
Married, Single or Widowed <b>Married</b>		Name of Wife or Husband <b>Mary E. Shahan</b>					
Father's Name <b>Jonathan Shahan</b>		Father's Birthplace <b>W. Va.</b>					
Mother's Maiden Name <b>Mary Anne Griffith</b>		Mother's Birthplace <b>W. Va.</b>					
Name of person giving information <b>Charles Stone</b>		How related to deceased <b>none</b>					

CAUSES OF DEATH

79

PHYSICIAN  
OR CORONER

Primary <b>Valvular heart disease</b>	How long <b>3 weeks</b>
Immediate <b>yes</b>	How long <b>3 weeks</b>
Are the name, age, sex, color, date and place correctly given above? <b>yes</b>	Signature of Physician <b>J. P. Smith</b>
Accident or Suicide?	<b>B. C. F. ...</b>



Name  
in  
Full

Eldridge South

## CERTIFICATE OF DEATH

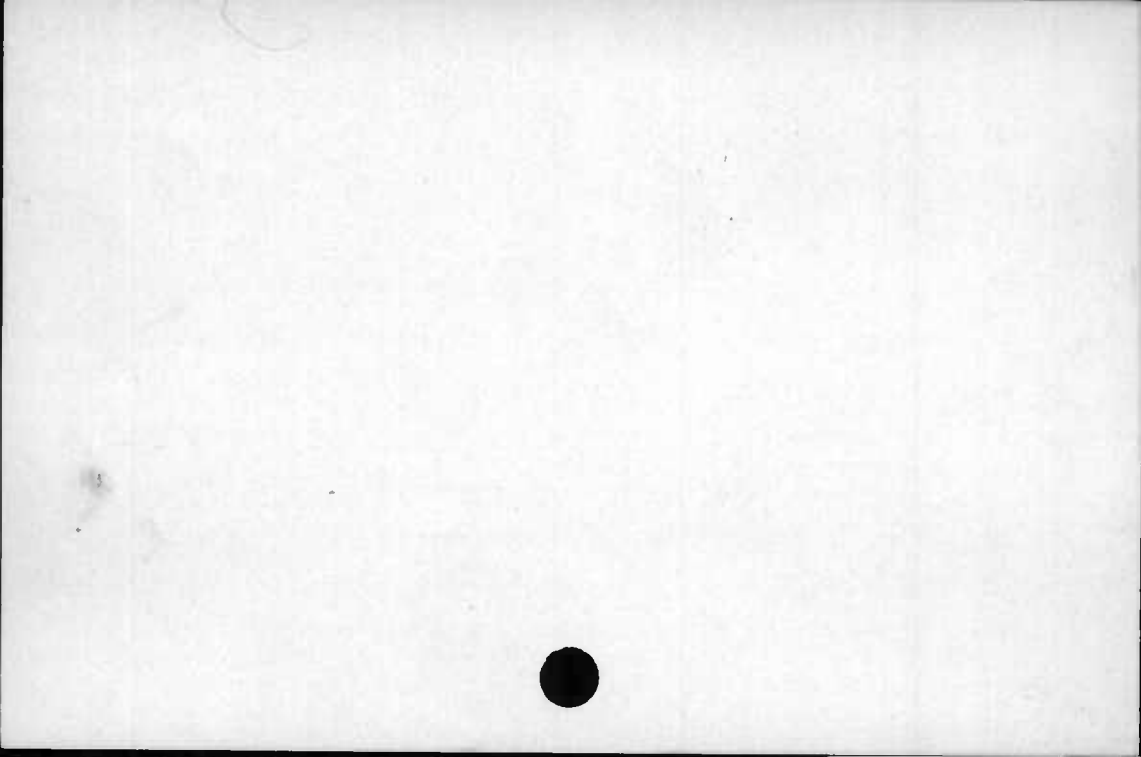
TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Munchie</u>		Town <u>J. A.</u>		County		MARYLAND	
Date of death	1906	Month	Sept	Day	28	Years	Age 10
Sex	Male	Color or Race	White	Birthplace		Perryville	
Occupation				Where Residing if not at place of death		Perryville	
Married, Single or Widowed	Single	Name of Wife or Husband					
Father's Name	Charles South			Father's Birthplace	2 a 60		
Mother's Maiden Name	Uila Johnson			Mother's Birthplace	2 a 60		
Name of person giving information	Chas South			How related to deceased	Father		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Epithelium</u>	How long	<u>one week</u>
Immediate	<u>Infection</u>	How long	<u>few hours</u>
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>Howard R. Hopkins</u>
		Address	<u>Lawrentown</u> <u>Md.</u>
Accident or Suicide?			



Name  
in  
Full

CERTIFICATE OF DEATH

*Mary Augusta Thraugher*

TO BE ANSWERED BY  
NEAREST FRIEND

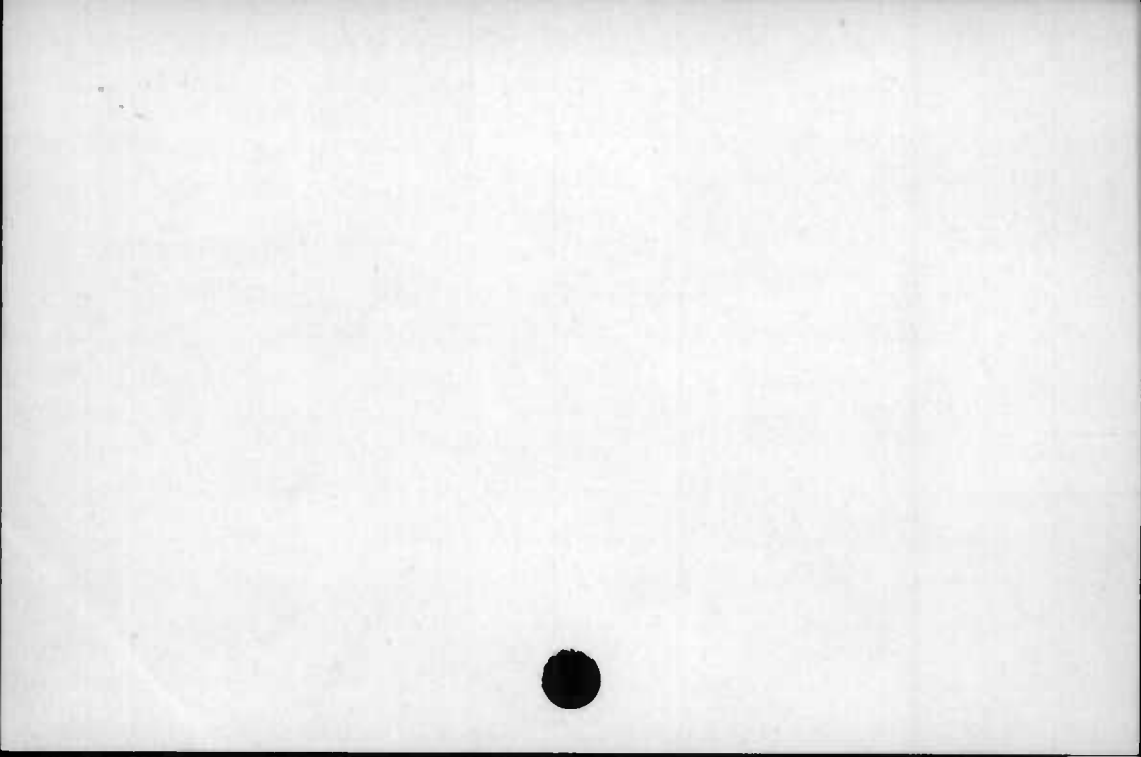
MARYLAND

Died at <i>Ingleside</i> <small>Town</small>		<i>2</i> <small>County</small>			
Date of death <i>1906</i>	Month <i>9</i>	Day <i>27</i>	Age <i>69</i>	Years <i>9</i>	Months <i>9</i>
Sex <i>Female</i>	Color or Race <i>White</i>		Birth-place <i>Id</i>		
Occupation <i>Lady</i>			Where Residing if not at place of death		
<input checked="" type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed			Name of Wife or Husband <i>Thomas W. Thraugher</i>		
Father's Name <i>James Peppin</i>			Father's Birthplace <i>Id</i>		
Mother's Maiden Name <i>Permelia West</i>			Mother's Birthplace <i>Id</i>		
Name of person giving information <i>Roman C. Thraugher</i>			How related to deceased <i>Son</i>		

CAUSES OF DEATH

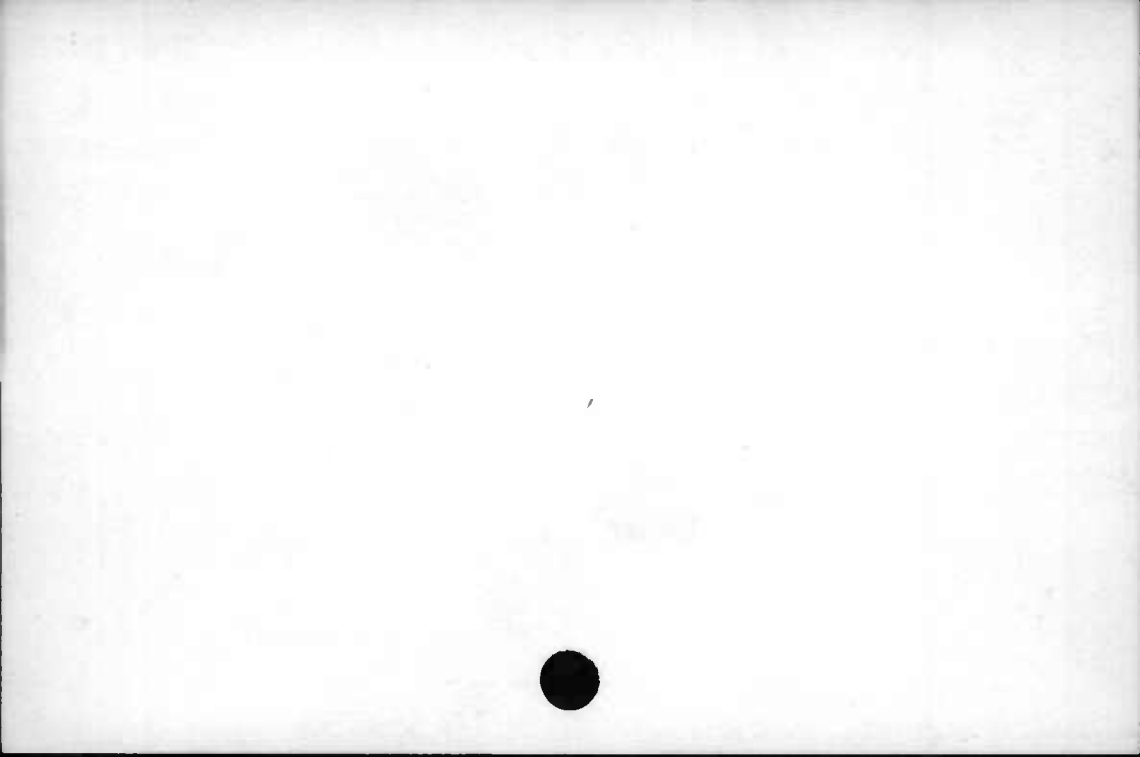
PHYSICIAN  
OR CORONER

Primary	<i>Chronic bronchitis</i>	How long <i>88</i>
Immediate		How long <i>Ten week</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>		Signature of Physician <i>Jas. L. Lram</i>
		Address <i>Ingleside, Id.</i>
Accident or Suicide?		





Name in Full		Samuel E. Mannings				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at	Chester		Queen Anne's		MARYLAND	
	Date of death	1906	Month	Day	Age	Years	Months
		6	Apr.	20th	50		
	Sex	Male		Color or Race	Black		Birth place
						Kent Co.	
	Occupation	Dysentery		Where Residing if not at place of death			
TO BE ANSWERED BY NEAREST FRIEND	Married, Single or Widowed	Single		Name of Wife or Husband			
	Father's Name	Samuel S. Mannings				Father's Birthplace	Kent Co.
	Mother's Maiden Name					Mother's Birthplace	
	Name of person giving information	Ernest Lee				How related to deceased	none
CAUSES OF DEATH							
PHYSICIAN OR CORONER	Primary	Heart trouble				How long	2 years
	Immediate	Apoplexy, Heart Dyscrasy.				How long	1 month
	Are the name, age, sex, color, date and place correctly given above?		Yes		Signature of Physician		
					Address		
					Dr. Chas. E. Snyder Stevensville, Md.		
Accident or Suicide?							



Name  
in  
Full

Rachael A White

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Stevensville</u> <sup>Town</sup>		<u>Queen Anne's</u> <sup>County</sup>		MARYLAND	
Date of death 190	<u>6</u> <sup>Month</sup>	<u>Sept</u> <sup>Day</sup>	<u>29</u> <sup>Years</sup>	<u>18</u> <sup>Months</sup>	<u>    </u> <sup>Days</sup>
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>Stevensville, Md</u>		
<del>Married, Single</del> <del>or Widowed</del>			Occupation <u>Infant</u>		
Name of Wife or Husband					
Father's Name <u>Edward White</u>			Father's Birthplace <u>Batts, cld.</u>		
Mother's Maiden Name <u>Agnes Wilson</u>			Mother's Birthplace <u>Kent Island "</u>		
Name of person giving information <u>Edward White</u>			How related to deceased <u>Father</u>		

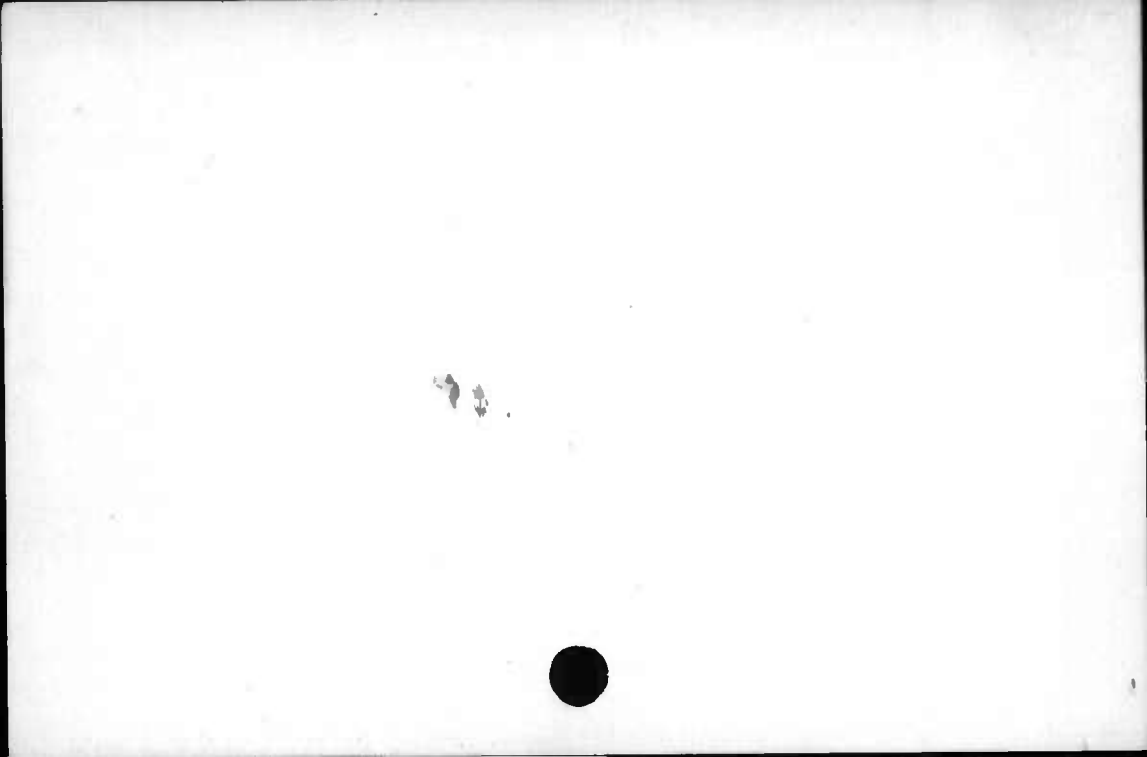
## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Marasmus</u> <u>179</u>	How long	<u>2 months</u>
Immediate	<u>Exhaustion &amp; Infection</u>	How long	<u>2 weeks</u>
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>Dr. Percy Kemp</u>	
		Address <u>Stevensville, cld.</u>	
Accident or Suicide? <u>    </u>			



Name in Full		Martha R Wilson				CERTIFICATE OF DEATH	
TO BE ANSWERED BY NEAREST FRIEND	Died at Star Town			Queen Anne County		MARYLAND	
	Date of death 1906		Month Sept	Day 14	Age	Years	Months two Days two
	Sex Female		Color or Race Colored		Birth-place Star Md.		
	Occupation None			Where Residing if not at place of death			
	Married, Single or Widowed Single		Name of Wife or Husband				
	Father's Name George Wilson				Father's Birthplace Star		
	Mother's Maiden Name Manda Wilson				Mother's Birthplace Star		
	Name of person giving information Henry Wilson				How related to deceased Grandfather		
<div style="text-align: center; border: 1px solid black; padding: 5px;">CAUSES OF DEATH</div>							
PHYSICIAN OR CORONER	Primary Marasmus			<div style="border: 2px solid black; border-radius: 50%; width: 100px; height: 100px; display: flex; align-items: center; justify-content: center; font-size: 40px; margin: 0 auto;">179</div>		How long	
	Immediate Exanation					How long	
	Are the name, age, sex, color, date and place correctly given above?			Yes		Signature of Physician Walter L Fenby	
						Address Ruthsburg Md.	
	Accident or Suicide?						



Name  
in  
Full

Nettie Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

Died at <u>Brownsville</u> <u>Town</u>		<u>I. A.</u> <u>County</u>		MARYLAND		
Date of death	<u>1906</u>	Month <u>Sept</u>	Day <u>30</u>	Years <u>1</u>	Months <u>10</u>	Days
Sex <u>Female</u>	Color or Race <u>Black</u>		Birth-place <u>I. A. Co</u>			
Occupation <u>none</u>		Where Residing if not at place of death <u>Brownsville Md</u>				
Married, Single or <del>Widowed</del>		Name of Wife or Husband				
Father's Name <u>Albert Wilson</u>		Father's Birthplace <u>I. A. Co</u>				
Mother's Maiden Name <u>Mary Anderson</u>		Mother's Birthplace <u>I. A. Co</u>				
Name of person giving information <u>Albert Wilson</u>		How related to deceased <u>Father</u>				

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary	<u>Pneumonia</u> <u>93</u>	How long
Immediate	<u>Can't say - only saw corpse</u>	How long
Are the name, age, sex, color, date and place correctly given above? <u>yes</u>		Signature of Physician <u>J. D. Perry</u>
<u>2</u>		Address <u>Culpeper</u>
Accident or Suicide? <u>no</u>		





Name  
in  
Full

Rott. J. Wilson

## CERTIFICATE OF DEATH

TO BE ANSWERED BY  
NEAREST FRIEND

MARYLAND

Died at <i>near Crumpton</i> Town <i>Q. A.</i> County			
Date of death <i>1906</i> Month <i>Sept</i> Day <i>7</i> Age <i>45</i> Years Months Days			
Sex <i>Male</i>	Color or Race <i>Col</i>	Birth-place <i>Ind</i>	
Occupation <i>Laborer</i>	Where Residing if not at place of death		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Frances Brooks</i>		
Father's Name <i>Perry Wilson</i>	Father's Birthplace		
Mother's Maiden Name <i>Mary ?</i>	Mother's Birthplace		
Name of person giving information <i>Thos Wilson</i>	How related to deceased <i>Bro</i>		

## CAUSES OF DEATH

PHYSICIAN  
OR CORONER

Primary <i>Chronic Nephritis</i>	How long <i>120</i> Years
Immediate <i>Dropsey</i>	How long <i>Several months</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. G. Simpson</i>
<i>J</i>	Address <i>Chesterton Ind</i>
Accident or Suicide? <i>No</i>	

